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PTO/SB/21 (08-00)
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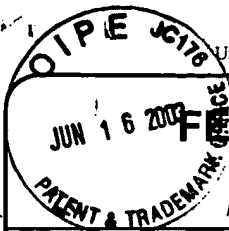
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TRANSMITTAL FORM (to be used for all correspondence after initial filing)		Application Number	09/919,750
		Filing Date	July 31, 2001
		First Named Inventor	Harry J. Buncke
		Group Art Unit	3731
		Examiner Name	Jackson, Gary
Total Number of Pages in This Submission	29	Attorney Docket Number	013341-000003b
ENCLOSURES (check all that apply)			
<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Assignment Papers (for an Application)	<input type="checkbox"/> After Allowance Communication to Group	RECEIVED JUN 26 2003 TECHNOLOGY CENTER R3700
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences	
<input checked="" type="checkbox"/> Amendment / Reply	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)	
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition	<input type="checkbox"/> Proprietary Information	
<input checked="" type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Status Letter	
<input type="checkbox"/> Extension of Time Request	<input type="checkbox"/> Power of Attorney, Revocation	<input checked="" type="checkbox"/> Other Enclosure(s) (please identify below):	
<input type="checkbox"/> Express Abandonment Request	<input type="checkbox"/> Change of Correspondence Address	Consent of Assignee; check in the amount of \$618; acknowledgement postcard	
<input type="checkbox"/> Information Disclosure Statement	<input type="checkbox"/> Terminal Disclaimer		
<input type="checkbox"/> Certified Copy of Priority Documents	<input type="checkbox"/> Request for Refund		
<input type="checkbox"/> Response to Missing Parts/Incomplete Application	<input type="checkbox"/> CD, Number of CD(s) _____		
<input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	Remarks		
SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm or Individual Name	MOORE & VAN ALLEN JENNIFER L. SKORD, REG. NO.: 30,687		
Signature			
Date	June 13, 2003		

CERTIFICATE OF MAILING			
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, PO Box 1450, Alexandria, VA 22313-1450, on this date: June 13, 2003.			
Typed or printed name	Lillian Glegg		
Signature		Date	June 13, 2003

Burden Hour Statement: This form is estimated to take .2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, PO Box 1450, Alexandria, VA 22313-1450.

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FREE TRANSMITTAL for FY 2003

Patent fees are subject to annual revision.

Complete if Known

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Examiner Name	Jackson, Gary
Group Art Unit	3731
Attorney Docket No.	013341-000003b

TOTAL AMOUNT OF PAYMENT

(\$ 618.00)

METHOD OF PAYMENT (check all that apply)

☒ Check ☐ Credit Card ☐ Money Order ☐ Other ☐ None
☒ Deposit Account:
 Deposit Account Number
13-4365

 Deposit Account Name
Moore & Van Allen PLLC

The Commissioner is authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☒ Credit any overpayments☒ Charge any additional fee(s) during the pendency of this application☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.

FEE CALCULATION

1. BASIC FILING FEE

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
101	750	201	375	Utility filing fee	
106	330	206	165	Design filing fee	
107	520	207	260	Plant filing fee	
108	750	208	375	Reissue filing fee	
114	160	214	80	Provisional filing fee	

SUBTOTAL(1) (\$ 0.00)

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims		Extra Claims		Fee from below		Fee Paid	
73	-37**=	36	X	9.00	=	324.00	
14	-7**=	7	X	42.00	=	294.00	
Claims					=		

Multiple Dependent.

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
103	18	203	9	Claims in excess of 20	
102	84	202	42	Independent claims in excess of 3	
104	280	204	140	Multiple dependent claims, if not paid	
109	84	209	42	** Reissue independent claims over original patent	
110	18	210	9	** Reissue claims in excess of 20 and over original patent	

SUBTOTAL(2) (\$ 618.00)

**or number previously paid, if greater. For Reissues, see above

FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity		Small Entity		Fee Description	Fee Paid
Fee Code	Fee (\$)	Fee Code	Fee (\$)		
105	130	205	65	Surcharge - late filing fee or oath	
127	50	227	25	Surcharge - late provisional filing fee or cover sheet	
139	130	139	130	Non-English specification	
147	2,250	147	2,250	For filing a request for <i>ex parte</i> reexamination	
112	920*	112	920*	Requesting publication of SIR prior to Examiner action	
113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action	
115	110	215	55	Extension for reply within first month	
116	400	216	200	Extension for reply within second month	
117	920	217	460	Extension for reply within third month	
118	1,440	218	720	Extension for reply within fourth month	
128	1,960	228	980	Extension for reply within fifth month	
119	320	219	160	Notice of Appeal	
120	320	220	160	Filing a brief in support of an appeal	
121	280	221	140	Request for oral hearing	
138	1,510	138	1,510	Petition to institute a public use proceeding	
140	110	240	55	Petition to revive - unavoidable	
141	1,280	241	640	Petition to revive - unintentional	
142	1,280	242	640	Utility issue fee (or reissue)	
143	460	243	230	Design issue fee	
144	620	244	310	Plant issue fee	
122	130	122	130	Petitions to the Commissioner	
123	50	123	50	Processing fee under 37 CFR 1.17(q)	
126	180	126	180	Submission of Information Disclosure Stmt	
581	40	581	40	Recording each patent assignment per property (times number of properties)	
146	740	246	370	Filing a submission after final rejection (37 CFR § 1.129(a))	
149	740	249	370	For each additional invention to be examined (37 CFR § 1.129(b))	
179	740	279	370	Request for Continued Examination (RCE)	
169	900	169	900	Request for expedited examination of a design application	

Other fee (specify)

* Reduced by Basic Filing Fee Paid

SUBTOTAL(3)

(\$ 618.00)

SUBMITTED BY

Complete (if applicable)

Name (Print Type) Jennifer L. Skord

Registration No. 30,687

Telephone

919-286-8000

Signature

Date

June 13, 2003

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

Burden Hour Statement; This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 200231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, PO Box 1450, Alexandria, VA 22313-1450.



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TECHNOLOGY CENTER R3700

PATENT

#9

03
2-5

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Reissue Application of: Buncke, Harry J. Docket No.: 013341.000003b
Reissue Serial No.: 09/919,750 Art Unit: 3731
Reissue Filed: July 31, 2001 Examiner: Jackson, Gary
Reissue of: U.S. Patent No. 5,931,855 (U.S. Serial No. 08/859,887)
For: SURGICAL METHODS USING ONE-WAY SUTURE

**SUPPLEMENTAL DECLARATION FOR AMENDMENT A PRESENTING
ADDITIONAL BROADENING CLAIMS FOR REISSUE APPLICATION**

As the below named inventor and patentee of the above-identified patent and reissue application, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name, and I believe I am the original, first and sole inventor of the subject matter which is claimed and for which a reissue patent is sought on the invention entitled: SURGICAL METHODS USING ONE-WAY SUTURE.

ACKNOWLEDGMENT OF REVIEW OF PAPERS AND DUTY OF CANDOR

I hereby state that I have reviewed and understand the contents of the above-identified Amendment A, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to the examination of this application in accordance with Title 37, Code of Federal Regulations. §1.56(a).

ERROR AROSE WITHOUT ANY DECEPTIVE INTENTION

Specifically, I failed to claim in the reissue application as filed the one-way sutures and double-armed sutures each in combination with a surgical needle, and also the additional methods of manufacture of one-way sutures and double-armed sutures, as disclosed in the original patent application and as shown in the drawings. This error arose without any deceptive intention on the part of myself, the applicant.

SECTION 1001 OF TITLE 18

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the reissue application or any reissued patent issued thereon.

Inventor's Signature:



Date:

6/1/03

Full name of inventor: Harry J. Buncke

Country of Citizenship: USA

Residence: Hillsborough, California 94010

Post Office Address: 1565 Kingswood Drive

Hillsborough, California 94010



PATENT 2-5

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In re Reissue Application of: Buncke, Harry J. Docket No.: 013341.000003b
Reissue Serial No.: 09/919,750 Art Unit: 3731
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Reissue of: U.S. Patent No. 5,931,855 (U.S. Serial No. 08/859,887)
For: SURGICAL METHODS USING ONE-WAY SUTURE

**CONSENT OF ASSIGNEE TO AMENDMENT A PRESENTING
ADDITIONAL BROADENING CLAIMS FOR REISSUE APPLICATION**

The undersigned assignee and owner of the entire interest in the above-identified patent and above-identified reissue application hereby consents to the Amendment A presenting additional broadening claims for the above-identified reissue application, which was originally filed as a broadening reissue application on the basis of the applicant having claimed less than he had a right to claim.

Documentary evidence of the undersigned's entire interest in the above-identified patent and above-identified reissue application is found in the recorded Assignment document at:

Reel No. 013305, Frame No. 0279, recorded December 20, 2002.

Date: _____

6/2/03

By: _____

Matthew Megaro
President and Chief Executive Officer
Quill Medical, Inc.
2505 Meridian Parkway, Suite 150
Research Triangle Park, North Carolina 27713